

Workshop on Professional Standards in Health Education

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The story of this effort to broaden the professional and activity bases of the participants in a program-planning venture may offer ideas to groups other than the school health people to whom it was originally presented.

✿ Most of us, perhaps all, have heard the workshop spoken of in derision. Perhaps an equal number of us have questioned the wisdom of employing the workshop for some of the purposes for which it has been used. Yet, when the composite, subjective experience and judgment of a considerable number of people must be crystallized into an acceptable standard, the workshop serves admirably to synthesize and integrate a diversity of viewpoints and contributions into a collective, unified end product.

The workshop presently reported upon was the outgrowth of a comprehensive program designed to deal with the problem raised by the Oregon State Department of Education when it reported that the school health program in the state was handicapped by inadequately prepared teachers. It was the department's contention that improving standards of teacher preparation in health was a professional problem and one which should be the concern of both the health and the education professions.

Plan of Procedure

Members of the organized health and education professions agreed that a general policy committee, representing both organizations in the state, should

determine the functions and necessary competencies of teachers in school health. Based on these announced functions and competencies, a second committee, a curriculum committee, composed of experienced health educators, should develop curriculums for preparing elementary and secondary school teachers in health. Finally, a workshop should be conducted to develop the content of the areas proposed in the curriculums. The recommendations of the workshop were to be channeled through the central and policy committees for review.

Policy Committee

To obtain a composite expression of what teacher health functions and competencies should be in Oregon a Policy Committee of 17 members was formed with representatives from the State Medical Society, medical school faculty, State Board of Health, State Department of Education, state university, state college, teachers' colleges, independent colleges and universities, Tuberculosis and Health Association, Cancer Society, Mental Health Association, and public school administrators. The policy committee undertook two tasks: (1) to determine the functions of health educators in the areas of health services, health education, and healthful school

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living; (2) to detail the competencies and learning experiences educators should have in order to perform their health functions effectively. In a series of six meetings the Policy Committee developed a concise, nine-page report of functions and competencies to serve as the basis for curriculum determination.

Curriculum Committee

To develop the necessary programs of study a Curriculum Committee of 17 members was formed and included school superintendents, high school

principals, elementary school principals, secondary school health educators, elementary school classroom teachers, a State Education Association representative, and health education instructors from independent and state colleges and universities. The chairman of the Policy Committee also served as chairman of the Curriculum Committee and thus assisted in integrating the work of the two committees. After a series of five meetings the Curriculum Committee submitted four optimum curriculums to the committee which, after some amendments, approved these curriculums.

SECONDARY SCHOOL

Major Curriculum	Quarter Hours	
Physical Science		
Physical science survey or chemistry and physics (total 9 hours)	9	
Biological Science		
Human biology or biological science survey (9 hours)	9	
Anatomy	6	
Physiology	6	
Bacteriology	3	
Social Science		
General sociology	3	36
Professional Courses		
Safety and first aid	3	
Personal health	3	
Community health problems	3	
Public health agencies and methods	3	
Nutrition or dietetics	2	
Family life education or social hygiene	3	
School health services	3	
School health education or instruction (including introduction, methods, materials, unit construction, audiovisual aids, evaluation, school living)	6	
Child health, growth, and development	3	
Mental health	3	32
Total requirements		68
Minor Curriculum		
Biological Science		
Human biology or biological science survey (9 hours)	9	9
Professional Courses		
Safety and first aid	3	
Personal health	3	
Community health problems	3	
Nutrition or dietetics	2	
School health services (including guidance and counseling)	3	

SECONDARY SCHOOL—*Continued*

School health education or instruction (including introduction, methods, materials, unit construction, audiovisual aids, evaluation, school living)	Quarter Hours
	6 20
Total requirements	29

ELEMENTARY SCHOOL

Requirements for all Classroom Teachers	Term Hours
Basic Hygiene	
General hygiene	2
Professional Courses	
School health services	3
School health education	3
Total requirements	8
Minor Curriculum	
Professional Courses	
Child health, growth and development	3
Safety and first aid	3
Any two of the following: community health, nutrition or dietetics, family life education	6
Total requirements	12

The elementary school health education minor is designed to provide resource persons in health, just as resource persons in art, music, geography, science, and other fields are available in the elementary school to assist fellow classroom teachers with problems in these several disciplines. Ideally, every elementary school in the state should have at least one classroom teacher who is also a health resource person with a health minor and who can assist other teachers in planning their health work, in obtaining health materials, and otherwise serving as an immediate consultant on school health problems.

Health Education Workshop

To develop the content of the areas proposed in the four curriculums developed by the Policy and Curriculum Committees a two-week workshop was conducted at Oregon State College. It was scheduled between the close of the public school academic year and the beginning of college summer session. The

chairman of the Policy and Curriculum Committees served as workshop director. A workshop consultant and assistant consultant were engaged as advisers.

Careful preliminary planning contributed measurably to the success of the workshop. Plans were made for a steering committee of seven to be appointed at the opening workshop session. This group was to serve as a guiding, or implementing, agency to make necessary decisions on operating policies. Plans were made to have the workshop participants divide into subcommittees to deal with the content of specific subject areas. Advance arrangements were made to have a specialist in each subject area available as a resource person for each subcommittee. To provide uniformity of subcommittee reports a standard format was developed as a guide. Three term credits were to be granted for full participation and provisions were made for noncredit participation.

It is significant that the state superintendent of public instruction delivered

the keynote address to the 56 workshop participants at the opening session. This was an expression of the unity of purpose of the profession and the official agency in up-grading the health program in the schools of the state through the better preparation of teachers.

At the first workshop session participants indicated their first and second subcommittee preference. Based on these expressed preferences, the steering committee assigned people to specific subcommittees. With few exceptions it was possible to assign participants to their first preference. Further, it also was possible to grant the request of some participants that they be assigned to two subcommittees. While most subcommittees were concerned with only one subject area, some subcommittees dealt with two or more closely related subject areas. Such areas as Community Health Problems and Public Health Agencies and Methods are closely related and logically can be considered jointly.

The basic plan of workshop operation provided for an hour's general session at the beginning of each day with the remainder of the day devoted to the work of the small subcommittees. At the general sessions the various subcommittees presented progress reports and submitted questions and problems for the consideration of the entire group. One problem, of which the workshop became acutely aware, was the need for a better understanding of school health on the part of school administrators if school health programs were to attain the highest level of effectiveness. As a step toward dealing with the problem, workshop participants passed a resolution urging the Oregon State Department of Education to incorporate school health as a requirement in the professional preparation of administrators. The Department of Education accepted the proposal and specified that a unit on school health be incorporated into an existing course in school administration,

the department subsequently requesting the initiating group to develop such a unit. In response to this request a unit on school health administration was developed and now is being used in courses dealing with public school administration.

During the two weeks of the workshop, three special luncheon sessions were held at which Oregon State Board of Health specialists presented ideas. Programs dealt with such functional subjects as child health problems in the state, vision conservation services, home safety, and general safety promotion in the state. Attendance at the luncheon sessions was voluntary, but practically all workshop participants attended the three sessions.

For purposes of review and integration the steering committee served as an editing committee and prepared a final, composite report which was submitted to the central committee. Following extensive study and further changes, the Policy Committee presented a final proposal of what teacher health preparation should be in Oregon. The final report was published and is available as a 50-page monograph.

Implementation

A recommendation, such as this monograph, which is the product of a cross-section of the professional fields of health and education, and of other groups having a direct interest in school health, commands the attention and respect of persons concerned with teaching improvement. This report has become the standard upon which state certification for health teaching is based. It also is the standard for institutions preparing teachers in the state, though no institution of higher learning is obligated to adhere to the content in each area of the report. Provisions of the report are recommendations for the guidance of institutions preparing

teachers. Variations in area offerings exist from college to college, but the general core is decidedly uniform throughout all of the institutions preparing teachers in health.

This was an experiment in the democratic process, admittedly cumbersome

and, at times, dependent upon compromise. The final outcome has gained state-wide acceptance and is destined for lasting value because it has the seal of the cooperative efforts of the health and education professions and not the stamp of authoritative edict.

Centenary of the Society of Medical Officers of Health

The Executive Board of the American Public Health Association at a recent meeting sent a formal official greeting to the Society of Medical Officers of Health of Great Britain on its centenary. The following resolution was personally presented by Huntington Williams, M.D., commissioner of health of Baltimore, Md., at the centenary celebration.

"The public health movement in North America has manifest reasons to be grateful for its origins in Great Britain. It is gratifying that the forthcoming centenary of the Society for Medical Officers of Health recalls the leadership of 1856 which resulted in the establishment of the Society in Great Britain. The American Public Health Association welcomes this opportunity to extend recognition of an epochal event over a large portion of the Western Hemisphere and to salute the colleagues of Great Britain on this anniversary, marking a century of distinguished progress.

"The American Public Health Association is mindful of the fact that some of those now active in North America look back in their experience to an acquaintance with some of those who were among the early members of the Society in Great Britain. For example, our spokesman on this occasion, Dr. Huntington Williams, is one of a number of American physicians who received an invaluable part of their training from British leaders such as Sir Arthur Newsholme. Our appreciation, therefore, is not only official and formal, but warm and personal because of the benefits which we here have received.

"As we look forward to the next century we would seek even more to take advantage of the rapid and easy communication between the English-speaking nations so that the cooperation so well established in the past can be accelerated in the future. We recall, for example, how the discovery of penicillin in Great Britain was followed by advances at the practical level of production in the United States during a very critical period. This to us is a symbol of international cooperation at its best which we would like to underline and accelerate.

"As we, the public health workers of North America, join hands across the Atlantic with the Medical Officers of Health of Great Britain, let us pledge to each other renewed loyalty to the common cause of public health as a cornerstone to a future of mutual understanding and peace."